



| Effective December 8, 2004   |  |  |   |  |                     |                               |          |                    |                        |               |                     |                        |
|--|--|--|---|--|---------------------|-------------------------------|----------|--------------------|------------------------|---------------|---------------------|------------------------|
| CLAIMS AS FILED - PART I   |  |  |   |  |                     |                               |          | MALL ENT           | <u> </u>               | <del>}/</del> | 5 20 9 9            | THAN                   |
| (Column 1) (Column 2)  |  |  |   |  |                     |                               | ,<br>-   | YPE                | <u> </u>               | OR            | SMALL E             | NTITY                  |
| U.S. NATIONAL STAGE FEES   |  |  |   |  |                     |                               |          | RATE               | FEE                    |               | RATE                | FEE                    |
| BASIC FEE  |  |  | SMALL ENT. = \$ 150                       |  | LARGE ENT. = \$ 300 |                               | ВИ       | ASIC FEE           | 150                    | OR            | BASIC FEE           |                        |
| EXA  | MINATION FEI                                   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100 |   | All other situations = . \$ 100 / \$ 200 |                     | E)                            | KAM. FEE | 100                |                        | EXAM. FEE     |                     |                        |
| SEARCH FEE   |  |  | U.S. is ISA = \$ ALL other co \$ 200 / \$ | untries =                                |                     | her situations = 250 / \$ 500 | SE       | EARCH FEE          | 200                    |               | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |  | min                                       | us 100 =                                 | / 50 =              |                               |          | X \$ 125 =         | ,                      |               | X \$ 250 =          | ·                      |
| TOTAL CHARGEABLE CLAIMS  |  |  | 20 mi                                     | inus 20 =                                | •                   |                               |          | X \$ 25 =          |                        | OR            | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS   |  |  | 4 "                                       | ninus 3 =                                | * .                 | [ •                           |          | X \$ 100 =         | 100                    | OR            | X \$ 200 =          |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                                   | ESENT                                     |  |                     |                               |          | + \$ 180 =         |                        | OR            | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |   |  |                     |                               | ٠        | TOTAL              | 550                    | OR            | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)            |  |  |   |  |                     |                               | <u></u>  | SMALL E            | NTITY                  | OR            | OTHER<br>SMALL E    |                        |
| AMENDIMENTE  | 6/29/07  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT        |   | HIGH<br>NUMI<br>PREVIO<br>PAID           | BER<br>DUSLY        | PRESENT<br>EXTRA              | L        | RATE               | ADDI-<br>TIONAL<br>FEE | ٠,            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 5  | Minus                                     | 2  | Ø                   | =                             |          | X \$ 25 =          |                        | OR            | X \$ 50 =           |                        |
|  | Independent                                    | · /  | Minus                                     | 4  | -                   | =                             | >        | X \$ 100 =         |                        | OR            | X \$ 200 =          |                        |
|  | FIRST PRES                                     | ENTATION OF M                                    | ULTIPLE DEPENDENT CLAIM                   |  |                     |                               |          | + \$ 180 =         | 1.                     | OR            | .+ \$ 360 =         | 7                      |
|  |  |  |   |  |                     |                               |          | OTAL ADDIT.<br>FEE |                        | OR            | TOTAL ADDIT.<br>FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |  |   |  |                     |                               |          |                    |                        |               |                     |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT        | ·   | HIGHI<br>NUME<br>PREVIO<br>PAID I        | BER<br>OUSLY        | PRESENT<br>EXTRA              |          | RATE               | ADDI-<br>TIONAL<br>FEE |               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •  | Minus                                     | **                                       |                     | =                             |          | X \$ 25 =          |                        | OR            | X \$ 50 =           |                        |
|  | Independent                                    | •  | Minus                                     | ***                                      |                     |                               | 7        | < \$ 100 =         |                        | OR            | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |  |                     |                               | F        | + \$ 180 =         |                        | OR            | + \$ 360 =          |                        |
|  |  | · · · · · · · · · · · · · · · · · ·              |   |  |                     |                               | TC       | TAL ADDIT.<br>FEE  |                        | OR            | TOTAL ADDIT.<br>FEE |                        |
|  | If the entry in colu                           | mn 1 is less than the                            |   | Oten NOR I                               |                     |                               | •        |                    |                        |               |                     |                        |

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.